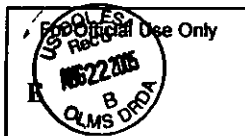


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S O 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>10122</u>	2 Fiscal Year Covered From 01/01/2004 Through 12/31/2004
3 Name and address of person filing Name Mike Pharms P O Box, Bldg Room No if any P O Box 899 Street 18597 Valley Blvd City Bloomington State CA ZIP Code + 4 92316-0899	4 Name file number and address of labor organization Name Teamsters Union Local 166 Labor Organization File Number <u>036206</u> P O Box Bldg Room No if any P O Box 899 Street 18597 Valley Blvd City Bloomington State CA ZIP Code + 4 92316-0899
5 Position in labor organization Business Agent	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade name if any P O Box, Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest Transaction or Income 7 b Amount

Signature

15. Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)		
Signed <u>Mike Pharms</u>	On <u>8-12-05</u> Date	<u>909-877-8326</u> Telephone Number

Name of Person Filing M I O Dharma	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business(1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or(2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name IBC Millbrook Thrft Store Division Trade name if any P O Box Bldg Room No if any Street 2801 S Towne Ave City Pomona State CA ZIP Code 91766	9 Business deals with a Labor Organization X b Trust c Employer -
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10 If 9 b or 9 c. is checked give trust or employer's name Name Trade name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	11 a Nature of such dealing Company requested meeting
	11 b Approximate dollar value of such dealing
	12 a Nature of interest held or income received Luncheon meeting with IBC management to discuss reduction of hours (Company paid for lunch)
12 b Amount \$ 10 00	

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade name if any P O Box, Bldg Room No if any Street City State ZIP Code + 4	14 a Nature of payment.
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment